



State of Tennessee Department of Children's Services

Administrative Policies and Procedures: 25.5-DOE

Subject: Use of Confinement For Youth in Youth Development Centers

supersedes: DYD 14.5

Approved by:

A handwritten signature in cursive script, appearing to read "George Mattaway".

Effective date:

07/01/1990

Authority:

TCA 37-5-106

ACA Standard:

2-9300, 2-9302, 2-9312, 2-9313

- I. APPLICATION: To all Youth Development Center employees and youth.
- II. POLICY: Youth placed in confinement are afforded living conditions and privileges approximating those available to the general population. Confinement shall be utilized for the management of youth as herein set out.
- III. PROCEDURES:

A. Confinement for Control:

When a youth is determined to "out of control", only the shift supervisor may authorize confinement subject to the following restrictions:

- 1. A youth may only be confined for control if he/she demonstrates the required behavior or intent at the time of confinement;
- 2. Placement is appropriate and used only for the amount of time necessary for the youth to regain control of his/her behavior;
- 3. In extreme emergency circumstances, a staff member may make placement in confinement for control without prior authorization from the shift supervisor. Appropriate authorization must be accomplished within 30 minutes of the action taken;
- 4. As soon as the youth's behavior no longer indicates that he/she is "out of control," the youth shall be released immediately from confinement by the shift

supervisor. The indication shall be the willingness and ability to resume normal activities without repeated incident;

5. No youth shall remain in confinement for control in excess of three (3) hours without authorization;
6. The use of confinement for control beyond the three (3) hour time limit may be authorized in the event the youth continues to be "out of control." One extension of confinement for up to three (3) hours may be authorized only by the Superintendent or highest ranking available treatment staff, psychologist, Youth Service Manager of Treatment, Correction Counselor Manager.
7. Any additional extension may only be authorized by the psychologist, or after all reasonable efforts have been made to contact the psychologist and the psychologist is unavailable, the Superintendent.
8. Any extension of confinement shall remain under the continued responsibility of the authorizing staff member who shall re-examine the youth as frequently as necessary to assure the youth's physical and mental well-being, but at least once every three (3) hours.

B. Disciplinary Confinement

1. Confinement for punishment may be used as a program sanction only for offenses delineated in Disciplinary Punishment Guidelines Policy.
2. Disciplinary confinement shall not exceed the limits established. Disciplinary Report(s) shall not require a youth to remain in confinement for more than five (5) consecutive days. The youth must return to regular program for at least 48 hours before any further disciplinary confinement is imposed.
3. When a youth has been charged with a major rule violation whose maximum confinement could be five (5) days and immediate confinement is necessary for the safety of the facility, the Superintendent may authorize the youth to be confined for a period of up to 24 hours pending a probable cause hearing by the hearing officer or disciplinary committee. Confinement for periods of over 24 hours is reviewed and approved every 24 hours by the Assistant Commissioner of Residential Services or Central Office designee. If the allegations regarding the violation are substantiated, the amount of time the youth spends in confinement shall be credited toward the final disciplinary disposition rendered by the Hearing Officer/Discipline Committee.

C. Emergency Confinement

1. A youth may be placed in confinement for emergency purposes only by authorization from the Superintendent or designee and only if the youth advocates to other youth that they act in a concerted effort and there is clear and present danger that such actions would:
 - a) Cause harm to other youth or staff;

- b) Take control of any part of the institution;
 - c) Cause destruction of state property which may significantly alter the living conditions of other youth or jeopardize the security of the facility.
- 2. Emergency confinement shall continue only as long as the extraordinary security problem exists and only under the case-by-case direction of the superintendent or designee. Each use of confinement for emergency purposes shall be documented within 24 hours by the Superintendent and forwarded to the Assistant Commissioner of Residential Services in a memorandum which states the youth's name, the reason(s) and justification(s) for the use of emergency confinement and the length of time in confinement. Emergency confinement for periods of over 24 hours may only be authorized by the Assistant Commissioner of Residential Services. Each youth shall be reviewed by a psychologist or physician after seventy-two (72) hours of confinement and again each forty-eight (48) hours. On weekends or holidays in the absence of the psychologist or physician, the review shall be conducted by the Superintendent or designee

D. Protective Confinement

The shift supervisor may authorize protective confinement if a youth voluntarily requests to be placed in confinement due to a legitimate fear for his/her safety. When such occurs, the staff in charge will make an immediate attempt to identify and resolve the problem. If the problem is not resolved, the youth may waive any time limitation in confinement.

E. Medical Confinement

Confinement for medical purposes must be authorized by a physician or other qualified and authorized person acting under medical protocol. Except under extreme conditions where quarantine space is limited, medical confinement shall not be accomplished by placing the youth in a designated, punitive confinement room. In all cases, the youth must remain in confinement under the conditions prescribed until it is determined by the authorizing personnel that confinement is no longer necessary. All cases of medical confinement shall be documented in the youth's medical record with reason(s).

F. Minimum Requirements of Confinement

- 1. A youth shall not be placed in a confinement room that does not conform to minimum standards including:
 - a) Appropriate lighting;
 - b) Appropriate heating;
 - c) Appropriate ventilation;
 - d) A bed, mattress, pillow, sheets, blanket, operable toilet and washbasin, except where determined by the Superintendent or designee that the

item(s) could pose a danger to persons or property. Any removal or denial of these minimum requirements shall be documented in writing in both the confinement logs and on Form CS-0165.

2. Prior to placing a youth in a confinement room, both the youth and confinement room shall be searched.
3. Youth placed in confinement are checked visually by staff at least every 15 minutes and are visited at least once each day by personnel from administrative, clinical, social work, religious, or medical units.
4. A log is kept recording who authorized the confinement, the time youth was placed in confinement, persons visiting the youth, the person authorizing release from confinement and the time of release.
5. Youth held in confinement shall be provided the following during each 24 hours:
 - a) An opportunity for at least one hour of outdoor exercise, weather permitting; or otherwise, one hour of indoor exercise;
 - b) An opportunity to shower;
 - c) The same food and clothing offered to the general population;
 - d) The opportunity to engage in activities outside the confinement room, but within the confinement unit, for at least three (3) hours per day, subject to the conditions set forth in paragraph III (A) above. Such activities shall include counseling, academic and recreational activities;
 - e) A youth may be excluded from participation in scheduled activities if the youth elects not to participate or he/she intentionally disrupts those activities. Activities will not be rescheduled to afford participation to a youth who has elected not to participate or engages in disruptive behavior. The youth would be allowed to join activities when and if they elect to participate or their behavior is under control.
 - f) Any denial of the above must be approved in writing by the Superintendent or designee with reason(s) stated and recorded in the appropriate log. A copy of the denial shall be forwarded to the Assistant Commissioner of Residential Services.
6. Youth held in medical confinement shall, during each 24 hours, be provided with those opportunities set forth by the physician.
7. After seventy-two (72) hours of confinement, each youth shall be reviewed by a psychologist or physician. On weekends or holidays in the absence of the psychologist or physician, the review shall be conducted by the Superintendent or designee.

G. Reporting Procedures

1. The use of confinement shall be reported in writing, dated, and signed by the staff member authorizing the placement (Form CS-0165). The report shall be placed in the youth's file and a copy sent to the Superintendent, who shall review and initial it and then forward it to be maintained by the Youth Service Manager of Security.
 2. Each institution shall fully document all instances of confinement, 15 minute checks, and staff visitation in the appropriate log(s).
- H. The youth shall be removed from confinement and placed in an appropriate setting at any time there is a bona fide medical or psychological reason to do so.

IV. FORMS CS-0165

**(Note: This Policy Cannot Be Revised Without Prior Permission
of Chancery Court, Davidson County, Nashville, Tennessee.)**